

For the attention of the IRL immigration authorities

Letter of consent to travel

Student / Child details

Student name:
Date of birth:
Age:
Gender:
Passport number:

School address & telephone numbers

BABEL ACADEMY OF ENGLISH

2nd floor Astor Hall, 4-8 Eden Quay – Dublin
1 – Ireland
DCU ROOMS, BALLYMUN DUBLIN 1 - Ireland
www.babelacademy.ie

Course & transfer details

Course dates: From 04/07/2026 to 11/07/2026
Course type: ENGLISH LANGUAGE COURSE
Arrival date: 04/07/2026 Departure date: 11/07/2026
Departure airport: MILAN Arrival airport: DUBLIN

Parental, legal guardian details

Full name:
Address:
Mobile telephone number (including area code):
Landline telephone number (including area code):

Passport/I.D. number of parent or guardian:

Declaration & consent

I/we as the parent/s or guardian/s give consent for my child as named above to travel to Dublin, Ireland, to attend a course at Babel Academy of English, Dublin, IRL as per the dates above.

Name of parent or guardian: Name of parent or guardian:

Signature of parent or guardian: Signature of parent or guardian:

Date: Date:

Please enclose copy of passport/I.D